# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1 DATE OF REPORT	ANDIDATE OR COMMITTEE
i. Ditte of the ont	< Sharp
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone
Side of Hala House	
3211 DID Ringgold Rd. Fas	ST 11109(111 )1412 (18 4331
Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
State Proce sentative Dist. 30	Patricia A. Kays
State Representative Dist, 30 7. CATEGORY OR REPORT (Check one)	
PRE-PRIMARY D PRE-GENERAL	□ POST-GENERAL □ SUPPLEMENTAL □ AMENDED □
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
July 23, 2002	September 15,2002
	The state of the s
<ul> <li>a.</li></ul>	e contributions (including in-kind) received total \$1,000 or less AND expendi- lete items 12d., 12e. and 12f.)
b. This campaign is required to file a detailed financial disclo	osure because contributions (including in-kind) received total more than \$1,000
and/or expenditures total more than \$1,000 for this report	ing period.
	n this campaign financial disclosure report is true and that this report is an
Financial Disclosure Act. Additionally, I/we swear or affirm that	required to be reported by the can-fidate committee by the Campaign no campaign contributions have be n expended for the personal financial
benefit of the candidate or for any other nonpolitical purpose as	defined by the federal internal reverue code.
Dack Shard 9-23	-02 Patricia Kays 9/20/02
signature of candidate date	signature of political treasurer date
1	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE	SWORN TO AND SUB 3CRIBED BEFORE ME IN THE
STATE OF PNN	STATE OF TENN
THIS 23 Ld DAY OF September 2002	THIS 23 Rd DAI OF September 2000
The state of the s	Stewarth & Frie
notesy Dublic	notary-public
MV CONGRESSION EVELOPE	ME COMMISSION EXPIRES:
date comprission expires	date commission expires
PUBLIC	AUBLIO /
Notary Seal S	Notary Seal
12. SUMMARY  BALANCE ON HAND LAST REPORT	31 SP DY See amended
b. TOTAL RECEIPTS THIS PERIOD	The service of the se
c. TOTAL DISBURSEMENTS THIS PERIOD	00015
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	1715
e. TOTAL LOANS OUTSTANDING	\$ 3,000,00
f. TOTAL OBLIGATIONS OUTSTANDING	70 56 633 000



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PERIOD
Jack Sharp		FROM7-23-02 TO: 9-15-02
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this pe	eriod)	s
b. Itemized Contributions (over \$100 from each source this period)	)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1		
16. LOANS RECEIVED THIS REPORTING PERIOD		s\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in ite	m 12.b.)	s
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed	d by category -	e.g., printing, postage, gasoline)
cell phone usage	\$ 48.0	,5
	\$	
	\$	
	\$	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	
	\$	
·	Φ	
Total of Expenditures (\$100 or less each payee)		s 48.65
b. Itemized Campaign Expenditures (Over \$100 each payee this peri	iod)	\$ 950.00
c. Itemized Other Expenditures (Over \$100 each payee this period)		sØ
d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.,		
20. LOAN REPAYMENTS MADE THIS PERIOD		~
21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in	item 12.c.)	s_ Ø
22.IN-KIND CONTRIBUTIONS		,
Unitemized in-kind contributions (\$100 or less from each source the contributions)	nis period)	s
b. Itemized in-kind contributions (over \$100 from each source this pe	eriod)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ad		₹
23. LOANS		-
LOANS OUTSTANDING (must be shown in item 12.e.)		s_ Ø
24. OBLIGATIONS		•
a. Unitemized Obligations Outstanding (\$100 or less each)		s _ Ø
b. Itemized Obligations Outstanding (Over \$100 each)		1
c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (mu		1/



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### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE			2. REPORT COVER			
Jack Sh	FROM:7-23-02	TO: 9-15-02					
					Amount		
3. TOTAL ITEMIZED CAMPAIGN C					1		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEM	IZED CONTRIBUTION		\$100 from any contributor	Anna ber anna market in a second description of the second		
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specific	y)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
First Name	Middle Na	ne	Contribution Received For:	Salata de la compania	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specify	y)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
First Name	Middle Na	me	Contribution Received For:	A CONTRACTOR OF THE STATE OF TH	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specif	(y)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
rst Name Middle Name			Contribution Received For:	an open to a fine of the stability and a fine of	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specify	Olher Election (Specify)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
First Name	Middle Ne	me	Contribution Received For	and the state of the state of the state of	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specifi	Other Election (Specify)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
First Name	Middle Nar	ne	Contribution Received For	and the transmission of the same	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Other Election (Specify	y)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election		
<ol> <li>TOTAL ITEMIZED CONTRIBUTI (Carry forward to item 3. of next page if add (If this is the last page of contributions, this</li> </ol>	ditional pages of this form a		SOOZ SEB S S		Ø		
, and an page of controlled this	man of scionilla	ment rau ur summary)	Uluna				

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE			
Jack Sh		FROM: 7-23-D	TO: 9-15-02				
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION	E (enter \$0 if first itemized page	e)	Amount				
4 COMPLETE THE APPROPRIATE ITEMS FOR	EACHITEM	IZED IN-KIND CONTR	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)		
First Name	Middle N	lome	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution			
Last Name/Organization Name			Other Election (Speci	Other Election (Specify)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution			
First Name	Middle Na	ame	In-Kind Contribution Receive	ed For General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election  Other Election (Speci				
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Discription of In-Kind Contribution	1			
First Name	Middle Na	ame	In-Kind Contribution Receive	ed For	Value of In-Kind Contribution		
	I wade it	21110	Primary Election				
Lest Name/Organization Name			Other Election (Specia	fy)			
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n	-		
irst Name Middle Name		In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name		Other Election (Specif					
Address			Date of In-Kind Contribution				
City	State	Zip Code	Description of In-Kind Contribution				
First Name	Middle Na	ime	In-Kind Contribution Receive	d For	Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election	Primary Election General Election			
			Other Election (Special	fy)			
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n			
First Name	Mddle Na	ime	In-Kind Contribution Receive	_	Value of In-Kind Contribution		
Last Name/Organization Name				General Election			
Address			Date of In-Kind Contribution	Date of In-Kind Contribution			
City	State	Zip Code	Description of In-Kind Contribution	1			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTI	ONS	EU 101 (13	SOUZ SEE SE	and the same of the same	fra and an analysis of the same of the sam		
(Carry forward to item 3 of next page if additional page (If this is the last page of in kind contributions, this amo	s of this form			Ø			
SS-1128 (Rev 8.97)		(0)		ge <u>4</u> of <u>10</u>	RDA 1159		



#### **ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE	Jack She	2. REPORT COVER	TTO
2. TOTAL ITEMIZED CAMPAIGN EXPENDIT			Amount #
TOTAL ITEMIZED CAMPAIGN EXPENDITE     COMPLETE THE APPROPRIATE ITEMS FOR E		E (enter \$0 it first itemized page)  IDITURE (expenditures totaling more than \$100 to any payee di	uring the period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name COMM. TO Elent Address City	State Zip Code	Campaign Contribution	500,00
First Name Datar	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  Kays  Address  7530 Sins Fi		Office Work	200,00
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Hamilton Co. Reg Address  City Chattanoog	Stale Zip Code Tw 37412	Electrian Ex Renses	250,00
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  Address  City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
Chy	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		=	
Address			
City	State Zip Code		
<ol> <li>TOTAL ITEMIZED CAMPAIGN EXPENDIT (Carry forward to item 3. of hext page if additional pages (If this is the last page of expenditures, this amount mus</li> </ol>	of this form are used.)	Z,JES ZOOZ SEL, S	950,00

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RDA 1159

City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure	
Lasi Name/Business Name					
Address				-	
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State Zip Code				
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State Zip Code				
Address					
City	State	Zip Code			
TOTAL ITEMIZED CAMPAIGN EXPENDIT (Carry forward to item 3 of next page if additional pages (If this is the last page of expenditures, this amount must	of this form an	e used ) lem 19b of summary)	SOOZ SEP 26		



## ITEMIZED STATEMENT OF OTHER EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	2. REPORT COVER	TO: 9-15-DA				
3. TOTAL ITEMIZED OTHER EXPENDITU	JRES FROM	PRECEDING PAG	E (enter \$0 if first itemized page	)		
4 COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED OTHER EXP		e than \$100 to any payee durin	Contract of the Contract of th	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	arne	Purpose of Expenditure	Commission of the second	Amount of Expenditure	
Last Name/Business Name			-			
Address			_			
City	State	Zıp Code				
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name		9				
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	An area of the second sufference	Amount of Expenditure	
Last Name/Business Name						
Address			. B 3			
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			140			
City	State	Zip Code .				
TOTAL ITEMIZED OTHER EXPENDIT     (Carry forward to item 3 of next page if additionally     (If this is the last page of other expenditures, this are	ages of this form		mary)			



## ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER		
T. THAME OF GARDINE ST. SS.	Jac	15 8h	200	FROM: 7-23-02	TO: 9-15-02	
					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES FRO	OM PRECEDING PA	GE (enter \$0 if first itemized page	ige)		
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	IZED CAMPAIGN EXP	PENDITURE (expenditures totaling ma	ore than \$100 to any payee du	ring the period)	
First Name	Middle Na	ime	Purpose of Expenditure	the state of the s		
Lest Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle N	ime	Purpose of Expenditure	and the second s	Amount of Expenditure	
Last Name/Business Name						
Address			_			
Oty	State	Zip Code				
First Name	Middle Na	ime	Purpose of Expenditure	The state of the s	Amount of Expenditure	
Last Name/Business Name			-			
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	to the standard of the	Amount of Expenditure	
Last Name/Business Name						
Address					1.0	
City	State	Zip Code				
First Name	Middle Na	те	Purpose of Expenditure	And the same of the same	Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					-	
Address						
Otty	State	Zip Code				
TOTAL ITEMIZED CAMPAIGN EXPEND     (Cerry forward to item 3. of next page if additional pag     (If this is the last page of expenditures, this amount m	es of this form a	re used.)	3S 200Z	n de la companya de l	Philipped and Advantage of the Control of the Contr	





### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

Complete the Following for the Source of the Loan   Frest Name   Mode Name	NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM: TO:							
Complete the Following for the Source of the Loan		Vack 81								
First Name	3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH IT	EMIZE	D LOAN (	bans totaling mor	e than \$100 from	m any source	during the pe	riod)	
Clear Name	Complete the Following for the Source of the Loan									
Address	First Name Middle Nam	ne						***************************************	(E	nd of Period)
Address  List All Endorser Guarantees for Pennany Election Decrease All Endorser Services Control Cont		CP		3,0	00.00	Ø	1	Ø	3,	000.00
First Name Mode Name First Name Mode Name Last Name/Organization Name  Last Name/Organization Name  Address Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding First Name Mode Name  Last Name/Organization Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Oty State Zip Code Amount Guaranteed Outstanding  First Name Mode Name First Name Mode Name  Last Name/Organization Name  Address Amount Guaranteed Outstanding  First Name Mode Name First Name Mode Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address Address  Oty State Zip Code City State Zip Code  Oty State Zip Code  Amount Guaranteed Outstanding  First Name Mode Name  Address Address  Oty State Zip Code  Oty State Zip Code  Oty State Zip Code  Amount Guaranteed Outstanding	3211 Old Ringgo Grast Ridge TN	1d R Zp 0000 3741	7	Primary Other E	Election Election (Specify)			M		1994
Lest Name/Organization Name  Lest Name/Organization Name  Address  Oity State Zip Code City Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name Address  Oity State Zip Code Amount Guaranteed Outstanding  First Name Middle Name Address  Oity State Zip Code Oity State Zip Code Amount Guaranteed Outstanding  First Name Middle Name Last Name/Organization Name Address  Oity State Zip Code Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name Last Name/Organization Name Address  Address  Oity State Zip Code Amount Guaranteed Outstanding  First Name Middle Name Last Name/Organization Name Address Address  Oity State Zip Code Amount Guaranteed Outstanding	List All Endor	A to the second second	1000	Above Loa	The state of the state of	e is needed plo	ease atlach	a page)	-	e idea
Address City State Zip Code City State Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Amount Guaranteed Outstanding First Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Address Address Address Address Address Address City State Zip Code City State Address Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address Address Amount Guaranteed Outstanding	First Name	Middle Name			First Name				Middle Na	me
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Andress Andress  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address Address  Andress State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Address  Anount Guaranteed Outstanding	Last Name/Organization Name				Last Name/Orga	nization Name				
Amount Guaranteed Outstanding  First Name  Mode Name  First Name  Mode Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  Oity  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Address  Address  Address  Address  Address  Address  Address  Anount Guaranteed Outstanding  Amount Guaranteed Outstanding	Address				Address					
First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oty  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oty  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oty  State  Zip Code  Amount Guaranteed Outstanding  Address	Oly	State	Zip Coo	de	City				State	Zip Code
Last Name/Organization Name  Last Name/Organization Name  Address  Address  Address  Oily  State Zip Code Oily  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oily  State Zip Code Oily  State Zip Code  Oily  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oily  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guarante	ed Outstanding	1			
Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  Oty State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  First Name City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oty State Zip Code  Amount Guaranteed Outstanding  Address  Oty State Zip Code City State Zip Code  Amount Guaranteed Outstanding	First Name	Middle Name			First Name				Middle Ne	me -
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oily State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Address  Address  Address  Oily State Zip Code City State Zip Code  Amount Guaranteed Outstanding	Last Name/Organization Name				Last Name/Orga	nization Name				
Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oity  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Oity  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Address  Address  Address  Address  Address  Address  Address  Amount Guaranteed Outstanding	Address				Address					
First Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Amount Guaranteed Outstanding  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Oity  State  Zip Code  At Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Address  Address  Amount Guaranteed Outstanding	City	State	Zip Cod	ie	City		4		State	Zip Code
Lest Name/Organization Name  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Lest Name/Organization Name  Middle Name  Lest Name/Organization Name  Lest Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Lest Name/Organization Name  Address  Address  Address  City  State  Zip Code  Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guarante	ed Outstanding				
Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  First Name Last Name/Organization Name  Last Name/Organization Name  Address  Address  City State Zip Code  Amount Guaranteed Outstanding  Address  Address  Address  Address  Address  Address  Address  Amount Guaranteed Outstanding	First Name	Middle Name			First Name				Middle No	ime
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  Zip Code City State Zip Code  Amount Guaranteed Outstanding	Last Name/Organization Name				Last Name/Organ	nization Name				
Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Oity  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Address				Address					
First Name  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Oty  State  Zip Code  Amount Guaranteed Outstanding  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Address  Address  Address  Amount Guaranteed Outstanding	City	State	Zip Cod	le	City				State	Zip Code
Lest Name/Organization Name  Lest Name/Organization Name  Address  Address  City  State  Zip Code  Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guarante	ed Outstanding				
Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	First Name	Middle Name			First Name				Middle Na	те
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Last Name/Organization Name				Last Name/Organ	nization Name			L	
Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Address				Address					
	City	State	Zip Cod	e	City				State	Zip Code
	Amount Guaranteed Outstanding				Amount Guarante	ed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans) (Total bans received should also be shown in item 16, on summary page.) (Total ban payments should also be shown in item 20 on summary page.) (Total outstanding ban belance should also be shown in item 23 on summary page.)  SS-1132 (Rev. 8.97)  Outstanding Loan Balance (Beginning of Period) Received Payments (End of Period)  3,000,000	(Total bens received should also be shown in item 16, on so (Total ben payments should also be shown in item 20 on is (Total outstanding ben belance should also be shown in item	ummary page.)	2 1-	S ZOOZ		Period)	Received	Payme	ents	

## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COV	ERING THE PER	IOD
Ja	ex	8ha	50	FROM: 7-23		9-15-02
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more that     person/vendor at the end of the reporting p	OR EACH	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me	1		-	and the state of t
Last Name/Business Name			1			
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me	Control of the Control			and Seepart and a second second
Lest Name/Business Name						
Address						
City	State	Zip Code				*
Description of Obligation						
First Name	Middle Name					1000
Lest Name/Business Name			-			
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	те			a territoria de la comoción de la co	***************************************
Last NamerBusiness Name			-		學	
Address			1			2)
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	I					
Address						
City	State	Zip Code	1 1			
Description of Obligation	L					
TOTALS     (Total from Outstanding Balance - (End of Period) c in item 24b on summary page )	olumn mus	also be shown	nz 🛛	Ŕ	Ą	Ø



